

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY****REQUEST FOR HEARING
ON A MOTION****CASE NO.**

Court address

Court telephone no.

Plaintiff name(s)

Plaintiff's attorney, bar no., address, and telephone no.

v

Defendant name(s)

Defendant's attorney, bar no., address, and telephone no.

1. Motion title: _____

2. Moving party: _____

3. Please place the following on the motion calendar for:

Judge	Bar no.	Date	Time
Hearing location			
<input type="checkbox"/> Court address above <input type="checkbox"/>			

4. I certify that I have made personal contact with _____ on _____
regarding concurrence in the relief sought in this motion and that concurrence has been denied or that I have made reasonable
and diligent attempts to contact counsel requesting concurrence with this motion.

Date _____

Attorney _____

Bar no. _____

5. ☐ DOMESTIC RELATIONS MOTIONS ONLYa. A recommendation from the Friend of the Court ☐ is ☐ is not requested.b. All necessary information ☐ has ☐ has not been submitted to the Friend of the Court.6. Clerk's record of decision: ☐ Granted ☐ Denied ☐ Not heard

Date _____

Clerk _____